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PUBLIC HEALTH SERVICE PROGRAM FOR NATION-WIDE CONTROL OF VENEREAL DISEASES.¹

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Due to the inadequacy of statistics, before our country entered the great world war, but few knew of the wide distribution of venereal diseases, and those few were mostly persons in the medical profession. However, when the United States took up arms against Germany, an opportunity was given to focus attention upon the necessity for an intensive campaign against the venereal infections. When the first call was made for men from all parts of the United States, the medical officers of the Army and Navy were enabled to make physical examinations of these men and to collect a great mass of statistics throughout the United States relating to the health status of both white and colored soldiers. Thus data were provided on which definite statements could be based in regard to the prevalence of these diseases, and the results were such as to bring the necessity for venereal disease control before the medical men of the Army and Navy, as well as other health authorities. The urgent need for some concerted action on the part of all the citizens of the United States to help eradicate the conditions existing was made convincingly apparent.

The Public Health Service immediately offered its cooperation to the various State boards of health in a campaign to control these diseases, suggesting the establishment in each State of a bureau of venereal diseases to have general supervision over all phases of this important work. The plan was to have an officer of the Public Health Service stationed in each of the various States for the purpose of cooperating with the State boards of health in establishing a four-fold work as follows:

1. Securing the reporting of venereal infections in accordance with State laws or State boards of health regulations.
2. Carrying on repressive measures, including the isolation and treatment in detention hospitals of infected persons who are unable or unwilling to take the necessary measures to prevent themselves from becoming a menace to others.
3. Establishment of free clinics for the treatment of venereal diseases, and extending the facilities for early diagnosis and treatment by providing proper laboratories to make exact diagnosis and examination to determine when patients might be released as noninfectious.
4. To carry on a general educational campaign to inform the public as well as infected individuals regarding the nature of these diseases and the manner in which they are spread.

On July 1, 1918, the President issued an Executive order placing all public health activities conducted by Federal agencies under the supervision of the Public Health Service. On July 9, Congress passed an act entitled "An Act Making appropriations for the support of the Army for the fiscal year ending June thirtieth, nineteen hundred and nineteen," under chapter 15 of which act, known as the Chamberlain-Kahn bill, there was created an Interdepartmental Social Hygiene Board and a Division of Venereal Diseases in the United States Public Health Service.

The Interdepartmental Social Hygiene Board is the agency charged with the disbursement of appropriations carried in this act of Congress, with the exception of \$200,000 appropriated for the establishment and maintenance of the Division of Venereal Diseases in the Public Health Service.

In compliance with the President's order and the provisions of the above-mentioned act, the United States Public Health Service, through its Division of Venereal Diseases, is engaged in an active and thorough campaign against venereal diseases in civil communities throughout the United States, working through State boards of health and utilizing medical, educational, and law-enforcement measures.

Section 6 of the act provides for the allotment to State boards of health of \$1,000,000 each year for two fiscal years, beginning with the fiscal year commencing July 1, 1918, for venereal disease control. This appropriation was divided pro rata among the States and the District of Columbia, and allotments were made to the States during the fiscal year beginning July 1, 1919, that agreed to comply with certain regulations promulgated by the Secretary of the Treasury. These regulations in brief are as follows:

1. The various States, in order to receive the sum to which they are entitled, must have a law or State board of health regulation requiring the reporting of all venereal diseases.

2. An officer of the Public Health Service shall be assigned to each State receiving an allotment for the general purpose of cooperating with the State health officer in supervising the venereal disease control work in the State.

3. Local or legislative funds that may be available shall be used by State or city health authorities having jurisdiction for extension of the work, and such funds must not be conserved through the expenditure of the funds that are allotted by Congress through the United States Public Health Service.

4. In extension of the educational measures the State's health authorities and its bureau of venereal diseases shall exert their efforts and influence for the organization of a State venereal disease committee for furthering the comprehensive plan for nation-wide venereal disease control.

5. The State health authorities shall take such measures as may be practicable for the purpose of securing such additional legislation as may be required for the development of control of the spread of venereal infections.

6. The State allotment shall be expended along general standard lines for all States and in accordance with an accounting system to be forwarded by the Interdepartmental Social Hygiene Board. This provides that 10 per cent shall be devoted to administration, 50 per cent to treatment, 20 per cent each to repressive measures and to educational measures. (This distribution is provisional and subject to modification after conference and agreement between each State and the United States Public Health Service to best meet the needs of the particular State.)

During the fiscal year beginning July 1, 1919, the payment of the State's allotment is conditioned upon the expenditure of a like amount by the State in the prevention of venereal diseases. It might be mentioned here that 18 States have already had the necessary laws passed to enable them to participate in the Federal funds.

The duties of the Division of Venereal Diseases, as specified by the law, are:

1. To study and investigate the cause, treatment, and method of prevention of venereal diseases.

2. To cooperate with State boards of health in carrying on measures to prevent the spread of venereal infections.

3. To promulgate and enforce interstate quarantine regulations governing the travel of venereally infected persons.

The Division of Venereal Diseases in the Bureau of the Public Health Service is adapting its activities during the present year very largely to the work of cooperation with State boards of health in instituting venereal disease control measures. At the venereal disease clinics maintained by the service in extra-cantonment zones, some opportunity is given to study and investigate the cause, treatment, and method of spread of venereal diseases, and in accordance with the third designated duty, regulations for interstate travel of venereally infected persons were promulgated by the Secretary of the Treasury on November 19, 1918. These regulations are known as Amendment No. 7 to Interstate Quarantine Regulations. The following is a brief summary of the regulations governing the travel of venereally infected persons:

Under section 1 of this amendment any person infected with syphilis, gonorrhea, or chancroid, who wishes to engage in interstate travel, must first obtain a permit in writing from the local health officer under whose jurisdiction he resides. This permit shall state that, in the opinion of the health officer, such travel is not dangerous to the public health. Section 2 requires that any person infected

with syphilis, gonorrhea, or chancroid, desiring to change his residence from one State to another, must first obtain his release, in writing, from the local health officer, and he shall inform the local health officer as to the place where he intends to reside. He shall agree in writing to report in person to the proper health officer having jurisdiction over the community to which he intends to move. In this manner, proper supervision to prevent the spread of venereal infections from one State to another will be made possible.

In the work of cooperating with the State boards of health the standardization of educational methods has received much attention, and educational measures have been developed through the preparation of literature, lectures, moving-picture films, lantern slides, exhibit cards, and placards advertising clinics.

The division is cooperating with the State boards of health and other State officials, as well as with unofficial organizations of allied purpose and good standing. It also works in close cooperation with the Surgeons General of the Army and Navy, with the Commissions on Training Camp Activities of the War and Navy Departments, and with the American Red Cross. In each State which accepts the cooperation of this division (44 States have already accepted their allotment), a commissioned officer of the Public Health Service is assigned for venereal disease control work for the State board of health; or a physician, selected by the State health authorities and approved and recommended for appointment by the Surgeon General of the United States Public Health Service, is appointed an acting assistant surgeon in the Public Health Service, and assigned for the general purpose of cooperating with the State health officer and supervising the work of venereal disease control in that State. He thus becomes the joint appointee and representative of both the State board of health and the Public Health Service; he shall report to both and shall carry out the wishes and policies of both. If any conflict become apparent, he shall report the same to both offices for adjustment. This officer is designated as the service representative of the State bureau of venereal diseases.

The following is a general outline of the policy of the State bureaus of venereal diseases, agreed upon by the Public Health Service and the various State boards of health:

It is the aim and purpose of the State bureau to reduce the prevalence of the venereal diseases as much and as rapidly as possible by the detection and treatment of all carriers not otherwise under treatment and by preventing the exposure of other persons to these infectious cases. There must therefore be a thorough campaign for prompt medical treatment, combined with the application of all measures that experience has shown to be helpful, such as education, law enforcement, and follow-up work. The moral problems which are involved are recognized as being very important, and all organiza-

tions, properly qualified to attack them, will be encouraged in every way possible. Every effort should be made to exercise the greatest intelligence, energy, and thoroughness in developing this extremely important work.

It is the purpose of the State venereal disease control officer to build up a strong State-wide organization that will become more and more self-sustaining as time goes on. The interest and support should be secured from the local board of health, the local medical profession, city officials, the local bar association, chambers of commerce, boards of trade, the press, religious bodies, women's clubs, educators, large employers of labor, labor organizations, hospital managements and boards, local district nursing organizations, local druggists' organizations, farmers' organizations in surrounding counties, and all other organizations interested in public health and social hygiene. Every opportunity should be taken to inform the public on the venereal disease problem and the means necessary for its solution. The hearty backing of the people of the State will make it possible to pass and enforce needed laws and ordinances, and to secure funds for clinics, hospitals, detention homes, and the necessary educational and law-enforcement work. Experience has proved that it frequently takes but a single meeting with the officials and leading citizens of a town to secure the funds necessary to organize a clinic and begin work.

Venereal clinics will be organized under the direct supervision of the State venereal disease control officer, who will forward to the Public Health Service all data relative to the establishment and operation of the clinics thus organized. These clinics should have a very close relation to the county health officer and the local medical profession, and to the community in general. The standards for venereal disease clinics are to be determined jointly by the State health officer and the State venereal disease control officer representing the Public Health Service. Instructions in regard to the operation of the approved venereal disease clinic have been furnished to all physicians in direct charge of a clinic being operated cooperatively by the Public Health Service and the various State boards of health. It is not believed necessary to explain in detail the methods outlined for the proper management of a venereal disease clinic. However, the work carried on includes treatment, educational measures, and social service follow-up work. At the time of the patient's first visit, he is given a circular of information regarding the serious nature of the venereal diseases and intended to impress the patient with the necessity of exercising the proper care to prevent the infection from being passed on to others.

In order to stress one of the most important phases of the venereal disease control work, particular attention is invited to the necessity for the prompt reporting of cases of venereal diseases by physicians to the State Board of Health. As physicians are required to report other communicable diseases, such as smallpox, typhoid, and scarlet fever, so can and should they report gonorrhea, syphilis, and chancroid. In attacking venereal diseases as a public health problem, the work is designed to be carried on as near as possible as it would be for any other communicable disease. It is known to the medical pro-

fession that these diseases are spread by certain causative organisms passing from an infected individual to a well person. When the cause of the disease is known and its method of spread can be recognized, the precautions to be taken to prevent spread may be developed.

One reason that venereal diseases have not in the past received the attention from health officers which their seriousness warrants, is that many complicated factors enter into the conditions favoring the spread of these infections. In the case of smallpox or malarial fever, there is no shame or moral stigma attached to the acquirement of the disease. But in the case of syphilis and gonorrhea, which spread very largely through illegitimate practices, there is usually a certain amount of moral stigma attached to their acquirement. However, if the health officers will not let the question be complicated by social, moral, and economic considerations, except as they have a direct bearing upon the subject, the actual control of those already infected can be successfully carried out.

In conclusion, it is desired to make mention of the splendid cooperation from various organizations which has been received by the Public Health Service in its program for the control of venereal diseases. When the work was first organized, an association of retail druggists representing about 8,000 of the 47,000 retail druggists of the United States offered its cooperation in this important work. A card was prepared, approved by the druggists' organization, and mailed out to druggists all over the United States, by the Public Health Service. This card was in the nature of an appeal to the druggists to support the venereal disease control work being carried on, by pledging themselves to discontinue the sale of venereal disease nostrums and also to refuse to prescribe remedies for the self-treatment of venereal diseases. The response to this appeal was most gratifying. The druggists not only agreed to cooperate in the manner indicated above, but also agreed to hand to each customer applying for a remedy ordinarily used for the self-treatment of venereal diseases, a circular advising the sufferer to seek competent professional service, either at the hands of a practicing physician or at one of the numerous venereal disease clinics established for the treatment of these cases. This action on the part of the druggists has resulted in increasing the number of persons applying to physicians for treatment of venereal diseases, and as some physicians do not care to treat venereal diseases, a circular letter has been issued by the Public Health Service to all of the physicians in the United States, asking that they carry out certain measures to assist in bringing venereally infected persons under proper treatment.

The physicians were also asked to cooperate with the State board of health authorities in promptly reporting their cases of venereal diseases as provided by law. The response on the part of the medical

profession of the United States has been most gratifying to the Bureau and to the State boards of health. As many physicians desired to help in this important public health work, the Public Health Service and various State boards of health have had re-printed a manual for the treatment of venereal diseases, first issued to the medical officers of the Army. This manual has been revised for civilian use, and a chapter on gonorrhea in women inserted therein. All physicians agreeing to cooperate with the service and State boards of health in the venereal disease control program are being furnished a copy of this manual, either from the Bureau or from their State board of health. This action on the part of the physicians of the country will have a very wholesome tendency toward standardizing the treatment of venereal diseases in accordance with the methods approved by the leading venereal disease experts of the country.

It was said, up to the first of the present year, that the people were not yet ready to support such a campaign as is now being carried on. Quite to the contrary, it has everywhere been found that the people are intensely interested in this problem; that they are astounded at the facts shown by the draft as to the prevalence of venereal diseases in the civilian population; and that they are now determined that the venereal diseases shall be checked and their great prevalence reduced as far as possible. The support of the people in this work is absolutely assured.

THE SALIVA IN PELLAGRA.

Attention is invited to the technical paper printed on page 1068 embodying the results of laboratory investigations carried on by the Public Health Service at its pellagra hospital in Spartanburg, S. C. This paper gives some interesting data on the character of the saliva in patients suffering from pellagra.

It is well known that in pellagra the condition of the mouth, and especially of the tongue, is of considerable significance in establishing a correct diagnosis. In true pellagra the tongue is vividly red and more or less swollen. The literature also speaks of salivation as a symptom of pellagra.

The very careful quantitative studies made in these investigations showed that, though there were cases of increased salivary flow, the salivation spoken of by the patients was often apparent rather than real and was seemingly due to some inhibition of swallowing combined with a peculiar, ropy change in the saliva which made its presence in the mouth more obvious. A tendency toward a greater quantity of solids in the saliva of pellagra patients was also observed.